



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

May 11, 2010

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**DEPARTMENT OF TREASURER AND TAX COLLECTOR:
REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 11764260 in amount of \$ 5,250.00
2. Account Number 11384731 in amount of \$ 7,500.00
3. Account Number 11587549 in amount of \$ 2,353.00
4. Account Number 11587550 in amount of \$ 3,418.20
5. Account Number 11330107 in amount of \$ 3,000.00

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

20 MAY 18, 2010

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

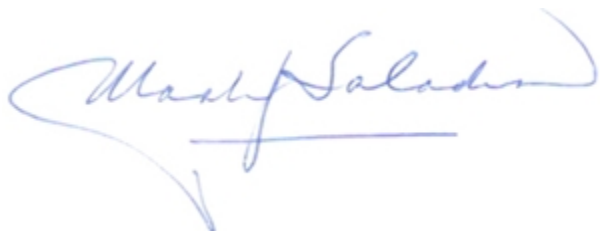
FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not Applicable

IMPACT ON CURRENT SERVICES (OR PROJECTS)

No Impact

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:KG:efh

Enclosures

c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 108A

Amount of Aid	\$48,728.00	Account Number	11764260
Amount Paid	0.00	Name	Minor Female
Balance Due	48,728.00	Service Date	12/06/08 thru 02/04/09
Compromise Amount Offered	5,250.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$43,478.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$48,728.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 3,750.00	25.00%
Attorney Cost	750.00	750.00	5.00%
County of Los Angeles	48,728.00	5,250.00	35.00%
Net to Client	N/A	5,250.00	35.00%
Total	\$54,478.00	\$15,000.00	100.00%

Our financial investigation reveals that the client is a minor whose mother receives financial assistance from friends and relatives. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 108B

Amount of Aid	\$32,374.00	Account Number	11384731
Amount Paid	0.00	Name	Adult Female
Balance Due	32,374.00	Service Date	10/22/06 thru 11/30/06
Compromise Amount Offered	7,500.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$24,874.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was the victim of an assault on private property. She was treated at Harbor UCLA Medical Center at a cost of \$32,374.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$10,000.00	40.00%
Attorney Cost	1,183.60	1,183.60	4.73%
Valley Hospital	1,504.00	902.40	3.61%
Las Vegas Neurosurgery	516.20	335.53	1.34%
Dr. Gary LaTourette	5,390.00	2,156.00	8.62%
Medcare Solutions/Insight Mt. Diagnostic	516.00	335.40	1.34%
Nevada Imaging Center	500.00	325.00	1.30%
Village East Drugs	69.96	69.96	0.28%
County of Los Angeles	32,374.00	7,500.00	30.00%
Net to Client	N/A	2,192.11	8.78%
Total	\$52,053.76	\$25,000.00	100.00%

Our financial investigation reveals that the client receives public assistance. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 108C

Amount of Aid	\$18,694.00	Account Number	11587549
Amount Paid	0.00	Name	Adult Female
Balance Due	18,694.00	Service Date	01/27/07 thru 01/29/07
Compromise Amount Offered	2,353.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$16,341.00	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. She was treated at LAC USC Medical Center at a cost of \$18,694.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$27,600.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$12,420.00	\$12,420.00	45.00%
Attorney Cost	1,157.35	1,157.35	4.19%
Bal M. Rajoqpalan, M.D.	1,310.00	390.00	1.41%
VQ Orthopedic	2,454.00	712.00	2.58%
Santillan Chiropractic	3,958.00	498.00	1.80%
Advanced Radiology	8,364.00	1,053.00	3.82%
Mc Elroy Anesthesia	2,375.00	695.00	2.52%
Advanguard Surgery	31,640.00	4,500.00	16.30%
County of Los Angeles	18,694.00	2,353.00	8.53%
Net to Client	N/A	3,821.65	13.85%
Total	\$82,372.35	\$27,600.00	100.00%

Our financial investigation reveals that the client is unemployed and receives financial assistance from friends and relatives. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 108D

Amount of Aid	\$18,694.00	Account Number	11587550
Amount Paid	0.00	Name	Adult Male
Balance Due	18,694.00	Service Date	01/27/07 thru 01/29/07
Compromise Amount Offered	3,418.20	Facility	LAC USC Medical Center
Amount to be Written Off	\$15,275.80	Service Type	Inpatient

JUSTIFICATION

The client was involved in an automobile accident. He was treated at LAC USC Medical Center at a cost of \$18,694.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$32,400.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 14,580.00	\$ 14,580.00	45.00%
Santillan Chiropractic	5,744.00	1,050.00	3.24%
Bal M. Rajoqpalan, M.D.	5,060.00	835.63	2.63%
VQ Orthopedic	872.75	155.00	0.48%
West Alondra Pharmacy	433.30	100.00	0.31%
Advanced Radiology	5,576.00	955.01	2.95%
Beverly Hills Orthopedic	2,810.00	513.00	1.58%
Barak Mevorak, M.D.	480.00	83.56	0.26%
Mike Shapow, RPT	375.00	59.00	0.18%
Advanguard Surgery	35,130.00	5,000.00	15.43%
Alexis Rothis, M.D.	2,600.00	800.00	2.50%
Health Resources	4,375.00	799.00	2.50%
Vikram Singh, M.D.	5,450.00	1,000.00	3.10%
County of Los Angeles	18,694.00	3,418.20	10.55%
Net to Client	N/A	3,051.60	9.29%
Total	\$102,180.05	\$32,400.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 108E

Amount of Aid	\$27,078.00	Account Number	11330107
Amount Paid	0.00	Name	Adult Female
Balance Due	27,078.00	Service Date	07/07/06 thru 10/11/06
Compromise Amount Offered	3,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$24,078.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a stabbing assault. She was treated at LAC USC Medical Center at a cost of \$27,078.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$10,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 2,500.00	\$ 2,500.00	25.00%
Attorney Cost	2,025.93	2,025.93	20.26%
County of Los Angeles	27,078.00	3,000.00	30.00%
Net to Client	N/A	2,474.07	24.74%
Total	\$31,603.93	\$10,000.00	100.00%

Our financial investigation reveals that the client supports herself with a minimal income. She has no other source of income or tangible assets.